



## Statement of Organization CANDIDATE COMMITTEE

\*Please read instructions before completing this form.

Type of Statement								
<input type="checkbox"/> <b>NEW</b>  This committee is registering with the Virginia State Board of Elections for the first time.	<input checked="" type="checkbox"/> <b>AMENDED</b>  This committee is filing an amended Statement of Organization. <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">Date Changes Took Effect</td> <td style="width: 50%;">SBE-issued Committee ID</td> </tr> <tr> <td style="text-align: center;">01/15/2015</td> <td style="text-align: center;">CC-12-00982</td> </tr> </table>				Date Changes Took Effect	SBE-issued Committee ID	01/15/2015	CC-12-00982
Date Changes Took Effect	SBE-issued Committee ID							
01/15/2015	CC-12-00982							
Committee Information								
Committee Information	Friends of Kelly Carmichael Booz							
	Name of Candidate Campaign Committee							
	143 Hilton Street							
	Street Address/PO Box		Suite #					
	Alexandria		VA 22314					
	City		State Zip Code					
kellycbooz@gmail.com		703-244-6396						
Email Address		Daytime Phone #						
www.kellycarmichaelbooz.com								
Campaign Website								
Candidate Information								
Candidate Information	Mrs Booz Kelly Carmichael							
	Salutation	Last Name	First Name	Middle Name Suffix				
	143 Hilton Street							
	Residence Address		Apt #					
	Alexandria		VA 22314					
	City		State Zip Code					
	ALEXANDRIA CITY		919195626					
	County or City of Residence		Voter Identification #					
kellycbooz@gmail.com		703-244-6396						
Email Address		Daytime Phone #						
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.								
Election Information								
Election Information	School Board District B		Election - District B					
	Office Sought		District (if one)					
	Democratic	2015	<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special					
	Political Party		Year of Election Type of Election					



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Treasurer Information				
<b>Treasurer Information</b>	<b>Mrs.</b>	<b>Booz</b>	<b>Kelly</b>	<b>Carmichael</b>
	<b>Salutation</b>	<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b> <b>Suffix</b>
	<b>143 Hilton Street</b>			
	<b>Residence Address</b>		<b>Apt #</b>	
	<b>Alexandria</b>		<b>VA</b>	<b>22314</b>
	<b>City</b>		<b>State</b>	<b>Zip Code</b>
	<b>ALEXANDRIA CITY</b>		<b>917945550</b>	
	<b>County or City of Residence</b>		<b>Voter Identification #</b>	
<b>kellycbooz@gmail.com</b>		<b>703-244-6396</b>		
<b>Email Address</b>		<b>Daytime Phone #</b>		
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.				
Campaign Depository				
<b>Burke and Herbert Bank</b>				
<b>Name of Primary Financial Institution</b>			<b>Name of Other Financial Institution (if applicable)</b>	
<b>Alexandria                      VA</b>				
<b>City</b>		<b>State</b>	<b>City</b> <b>State</b>	
<b>Committee Activity</b>				
<b>Dates of Activity</b>	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")			
	Date first contribution accepted:		<u>05/25/2012</u>	
	Date first expenditure made:		<u>05/25/2012</u>	
	Date campaign depository designated:		<u>05/25/2012</u>	
	Date filing fee paid for party nomination:		<u>05/25/2012</u>	
	Date Statement of Qualification filed:		<u>05/25/2012</u>	
	Date treasurer appointed:		<u>05/25/2012</u>	

(continued on next page)



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Filing Method	
<b>Filing Method</b>	<p>Please indicate the method by which this committee will submit all required campaign finance reports:</p> <p><input checked="" type="checkbox"/> File electronically using <b>SBE's Electronic Filing Application</b>.</p> <p><input type="checkbox"/> File electronically using an <b>SBE Approved Vendor</b> (Please indicate Name of Vendor: _____)</p> <p><input type="checkbox"/> File paper reports.</p> <p>Signature <u>Kelly O. Booz</u> Date <u>2/4/15</u></p>
Signatures	
<b>Candidate's Signature</b>	<p>I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the <i>Code of Virginia</i>. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <p>Candidate's Signature <u>Kelly O. Booz</u> Date <u>2/4/15</u></p>
<b>Treasurer's Signature</b>	<p><b>I accept the appointment of Treasurer of this campaign committee.</b> I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the <i>Code of Virginia</i> for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <p>Treasurer's Signature <u>Kelly O. Booz</u> Date <u>2/4/15</u></p>